U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Name KURT

1. File Number U - 12 231

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name SHEET METAL WORKERS AFL-CIO

Labor Organization File Number 012-776

P.O. Box, Building and Room Number, if any

Street 110 SPEARHEAD COURT	Street 3345 SEIBERLING ROAD
City SUMMERVILLE	City CHARLESTON
State South Carolina ZIP Code + 4 29483	State South Carolina ZIP Code + 4 29418
5. Position in labor organization. ORGANIZER	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or ir directly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest Transaction, or Income.
Name NONE	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	\$0
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On <u>8-12-05</u> <u>843-554-4448</u> Date Telephone Number
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Name of Person Filing KURT INFINGER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trace name, if any).	9. Business deals with:
Name	a, Labor Organiz ation
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Coce + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. REPRESENTATIVE ATTENDING MEETING
Name SASMI TRUST FUND	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 601 N. FAIRFAX STREET STE. 400	11.b. Approximate dollar value of such dealing. \$0
City ALEXANDRIA	12.a. Nature of interest held or income received.
State Virginia ZIP Code + 4 22314	MEALS PAID BY FUND WHILE ATTENDING MEETINGS
	12.b. Amount. \$160
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name NONE	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$0